

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 380

Primary Registration District No. 3076

Registrar's No. 240

STATE FILE NUMBER

FILED DEC 31 1963

1. PLACE OF DEATH  
a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Nevada

Length of stay in 1b

50 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Jones Nursing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTY

Missouri

Vernon

c. CITY  
OR TOWN

Nevada

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

700 North Ash

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

Charles

Lewis

Braden

4. DATE  
OF DEATH

December 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/20/1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teaching

10b. KIND OF BUSINESS OR INDUSTRY

Transfer

11. BIRTHPLACE (City and state or country)

Raymond, Ill

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Braden

13b. MOTHER'S MAIDEN NAME

Irena Guin

14. NAME OF HUSBAND OR WIFE

Mabel Kennecutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs C F Norris Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Advanced age

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐ none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Nevada

COUNTY

Vernon

STATE

Mo

21. I attended the deceased from Dec 15 - 1963 to Dec 19 - 1963 and last saw him alive on Dec 19 - 1963.  
Death occurred at 1 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. H. Love

22b. ADDRESS

Nevada Mo

22c. DATE SIGNED

12/22/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12/21/63

23c. NAME OF CEMETERY OR CREMATORY

Newton Burial Park

23d. LOCATION (City, town, or county)

Nevada, Mo.

24. FUNERAL DIRECTOR  
ADDRESS

Eichinger-Milster Funeral Home

25. DATE RECD. BY LOCAL REG.

12-28-1963

25. REGISTRAR'S SIGNATURE

Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 1085  
2 1085  
3 2  
4 0  
5 2  
6  
7 1  
8 2  
9 331X  
10  
11  
12 86-0  
13 1-0

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Percy F. Mykster

Licensed Embalmer No. 4805

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.